

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5	/		/			
6		5	/			
7		5	/			
8		5	/			
9		5	/			
10	/		/			
11		/	/			
12		/	/			
13		/	/			
14		/	/			
15	/		/			
16	/		/			
17		2	/			
18	/		/			
19		/	/			
20		2	/			
21		/	/			
22	/		/			
23	/		/			
24		/	/			
25		2	/			
26		5	/			
27	/		/			
28		/	/			
29		/	/			
30		/	/			
31		3	/			
32		5	/			
33		5	/			
34		5	/			
35		5	/			
36		5	/			
37		/	/			
38		/	/			
39	/		/			
40		/	/			
41		2	/			
42	/		/			
43	/		/			
44		/	/			
45		2	/			
46		2	/			
47		5	/			
48		5	/			
49		5	/			
50		5	/			
TOTAL IND.	↓		↓			
TOTAL DEP.		↓		↓		
TOTAL CLAIMS		↓		↓		

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		5		/		
53		5		/		
54		5		/		
55		5		/		
56		5		/		
57		5		/		
58		5		/		
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96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS